

**STATEMENT BY ATTORNEY**  
**CLAIMING EXEMPTION OR DISQUALIFICATION**  
**CRIMINAL FELONY, MISDEMEANOR OR JUVENILE**  
(File annually by October 1<sup>st</sup>)

NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

FAX NO.: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

BAR CARD NO.: \_\_\_\_\_

\_\_\_\_\_ I am exempt from accepting any criminal felony, misdemeanor or juvenile appointments because I am employed by a governmental agency, which is: \_\_\_\_\_.

\_\_\_\_\_ I am not qualified to accept criminal appointments and have not received any federal appointments in the last 2 years.

\_\_\_\_\_ I am not engaged in the active practice of law.

\_\_\_\_\_ I am over 70 years of age.

\_\_\_\_\_ OTHER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I am qualified to take misdemeanor and juvenile cases but have paid into the "Laredo Plan".

By my signature, I attest that the information I have provided in this application is true and accurate.

\_\_\_\_\_  
(Signature) (Date)

SUBSCRIBED AND SWORN TO before me the \_\_\_\_\_ day of \_\_\_\_\_, 200 \_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Type or Print Name